

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>HA/10</i>		<i>07-18-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>48</i>	<i>7/26/01</i>
<b>FORMALITY REVIEW</b>	<i>SP</i>	<i>1128</i>	<i>5/24/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>PR</i>	<i>1019</i>	<i>01-15-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/29/02
2	✓	✓	1/29/02
3	=	✓	
4	=	✓	
5	=	✓	
6	=	✓	
7	=	✓	
8	=	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

10/22  
1/15/01